

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	NW	71530	07-31-00
O.I.P.E. CLASSIFIER	FW	11	8/1/00
FORMALITY REVIEW	MS	5C 801	9/6/00
RESPONSE FORMALITY-REVIEW			

## BEST AVAILABLE COPY INDEX OF CLAIMS

= Rejected  
 = Allowed  
 - (Through numeral) Canceled  
 + Restricted  
 N Non-elected  
 I Interference  
 A Appeal  
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Form PTO-436A  
(Rev. 6/89)

Claim	Date
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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